

2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 591113

FILED
Oct 18, 2011
Secretary of State

Entity Name: LEE CRANE INSURANCE AGENCY, INC.

Current Principal Place of Business:

4020 NEWBERRY RD.
400
GAINESVILLE, FL 32607

New Principal Place of Business:

Current Mailing Address:

4020 NEWBERRY RD.
400
GAINESVILLE, FL 32607

New Mailing Address:

FEI Number: 59-1855644 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CRANE, LEE W
12901 NW 56 AVENUE
GAINESVILLE, FL 32653 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: LEE CRANE

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: FOUN
Name: CRANE, LEE W
Address: 4020 NEWBERRY ROAD SUITE 400
City-St-Zip: GAINESVILLE, FL 32607

Title: PD
Name: HAWKINS, THOMAS BRYAN
Address: 7388 SR 21 N
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: VP
Name: HYATT, AARON BLAKE
Address: 4020 W. NEWBERRY RD - STE. 400
City-St-Zip: GAINESVILLE, FL 32607

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LEE CRANE

Electronic Signature of Signing Officer or Director

FOU

10/18/2011

Date